PIN # 4654-28-9264

# IREDELL COUNTY HEALTH DEPARTMENT

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR C. A. Windgate DATE 6-27-95 PERMIT NO. 317

PHONE: Business _____ Home 528-8117

LOCATION 115 South 16 at Hatties Grill 1st Dirt St. on left

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

Site Address: 141 Swan Lake Rd - Mrvl.

House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area acreage

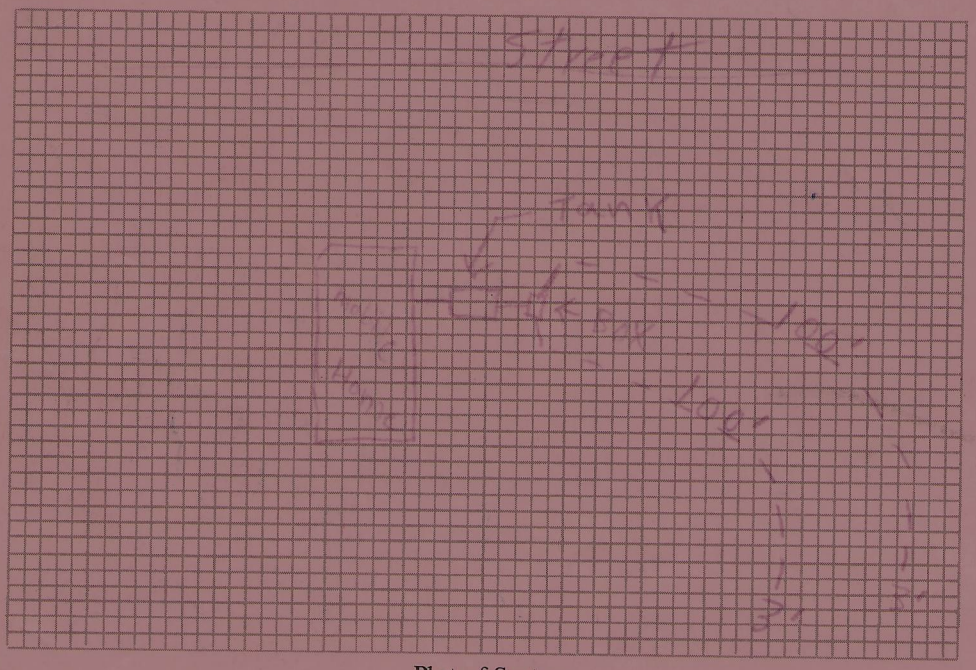
Character & Porosity of Soil cecil clay loam

Percolation Rate 40 min 1 inch

Topography 20% slope

Depth to Water Table 14"

Rock or other impervious formations none



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 400 Linear Ft. 200

Depth of Stone in Lines 14"

Water Supply: Individual ( )

Public ( )

well next door

Installed by J. R. Bowles

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 6-27-95

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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# IREDELL COUNTY HEALTH DEPARTMENT

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR C R Hudgins DATE 4-9-28 PERMIT NO. 157

PHONE: Business _____ Home 692-8167

LOCATION 600 N S Tr to Statesville Blvd left on Lot St on 2nd

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

Site Address: 141 Swan Lake Rd - Mrvl

House ( ) Mobile Home ( ) Business ( ) Other _____

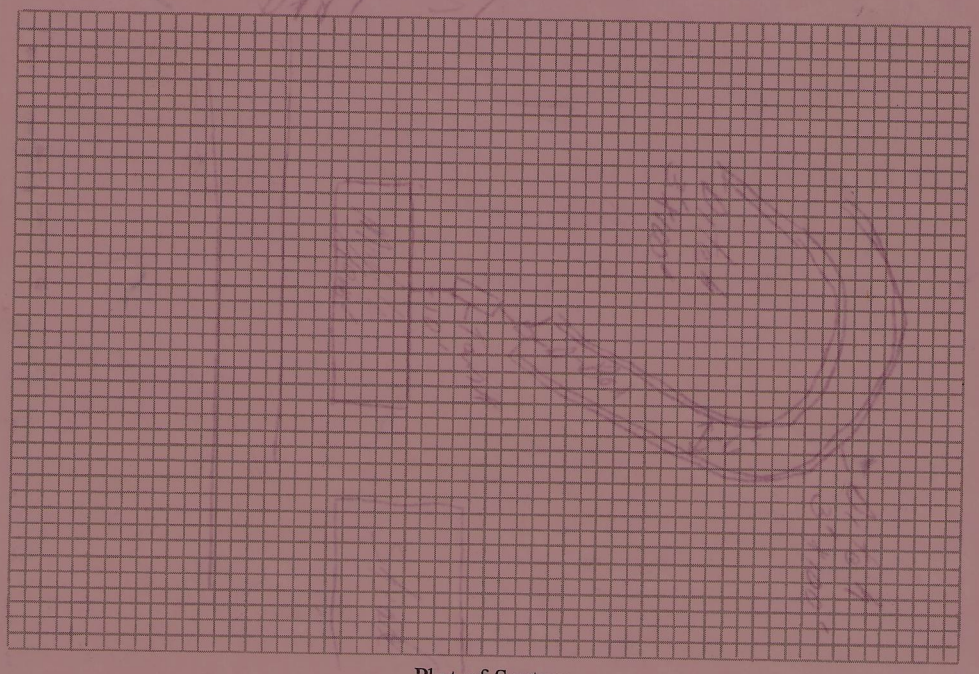
No. Bedrooms 2 No. Bathrooms 1

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No ( ) | |
| Auto. Dishwasher | Yes ( ) | No ( ) | |
| Auto. Wash. Machine | Yes ( ) | No ( ) | |
| Site Suitable | Yes ( ) | No ( ) | |

Lot Area 20,000 sq ft

Character & Porosity of Soil clay loam
Percolation Rate 60 min per inch
Topography Lot slopes to rear
Depth to Water Table 18 ft
Rock or other impervious formations None

Dirt St



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. 200
Depth of Stone in Lines 20

Water Supply: Individual ( )
Public ( )
Well near barn

Installed by _____

IMPROVEMENTS PERMIT BY John Morrison

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold